

**NANTUCKET HEALTH & ENVIRONMENTAL DEPARTMENT**

37 Washington Street

Nantucket, MA 02554

(508) 228-7226

**TITLE 5 SEWAGE EJECTOR PUMP PERMIT APPLICATION****PERMIT BRP WP 67: Pumping Sewage Prior to Septic Tank Approval**

This permit is required for all single family dwellings seeking to pump no greater than 25% of the approved septic system design flow to the septic tank.

This application is to be filed by persons required to obtain approval for the category specified above in accordance with 310 CMR 15.000: The State Environmental Code Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-Site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage.

Approval from the Nantucket Health & Environmental Department only is required for pumping sewage prior to septic tanks for a single family dwelling designed in accordance with the provisions of 310 CMR 15.229(1) and (2).

No DEP approval is required for such systems. (DEP is the approving authority for state and federal facilities. All pumping sewage prior to septic tank approvals for state and federal facilities are reviewed under another permit: BRP WP 63).

**Application Information****1. Applicant:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing \_\_\_\_\_

Town/Village \_\_\_\_\_

State \_\_\_\_\_

zip code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**2. Facility Location:**

MAP/PARCEL \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing \_\_\_\_\_

Town/Village \_\_\_\_\_

State \_\_\_\_\_

zip code \_\_\_\_\_

**3. Design Engineer or Sanitarian:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

zip code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

4. Registration:

P.E. \_\_\_\_\_

Sanitarian \_\_\_\_\_

Registration Number \_\_\_\_\_

5. Is the facility, served by the system, a single family dwelling?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. The legal entity which will own this facility is:

Individual \_\_\_\_\_

Municipality \_\_\_\_\_

Private Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Other(specify) \_\_\_\_\_

7. Two (2) complete sets of plans and specifications, including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts registered Sanitarian must accompany the application. Plans must be prepared in accordance with the provisions of 310 CMR 15.220.

Are plans and specifications enclosed ?

Yes \_\_\_\_\_

No \_\_\_\_\_

8. Does the proposed system satisfy all technical requirements of 310 CMR 15.100 through 15.293?

Yes \_\_\_\_\_

No \_\_\_\_\_

**HEALTH AND ENVIRONMENTAL DEPT USE ONLY**

APPLICATION APPROVED BY:

\_\_\_\_\_

DATE OF APPROVAL:

\_\_\_\_\_

PERMIT EXPIRATION DATE:

\_\_\_\_\_